

## REQUEST FOR CONGRESSIONAL NOMINATION

Full Name:	
	(as it appears on your birth certificate)
Your Addres	(include both permanent and mailing address and zip code)
Telephone:	Cell Phone:
E-Mail Addı	ess:
Names, addr	ess & phone of parents:
Parent's Ema	ail:
Date of Birth	Place of birth:
Gender:	
High School	
Date of High School Graduation: (name and address)	
Approximate	e Standing is in a class of
Current Scho	ool/college: When will you graduate:
Special skills certified, etc	s, training or certification, i.e., foreign language proficiency, pilot
Academy Preference rank from 1-4 (if you only want one academy list only that one):	
	Air Force Army Navy Navy

Congressman Mike Thompson, 2300 County Center Drive, Suite A100, Santa Rosa CA 95403 Phone (707) 542-7182 Fax (707) 542-2745